

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 572,754

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.
1	1			
2		1		
3	2			
4	2			
5	2			
6	2			
7	2			
8	2			
9	(1)			
10	(1)			
11	(1)			
12	(1)			
13	(1)			
14	(1)			
15	(1)			
16	(1)			
17	(1)			
18	(1)			
19	(1)			
20	1			
21	1			
22	2			
23	(1)			
24	(1)			
25	(1)			
26	(1)			
27	(1)			
28	(1)			
29	(1)			
30	(1)			
31	(1)			
32	(1)			
33	(1)			
34	(1)			
35	(1)			
36	(1)			
37	(1)			
38	(1)			
39	(1)			
40	(1)			
41	(1)			
42	(1)			
43	(1)			
44	(1)			
45	(1)			
46	(1)			
47				
48				
49				
50				
TOTAL IND.	2	↓		↓
TOTAL DEP.	51	←	←	←
TOTAL CLAIMS	53	████████	████████	████████

AS FILED	AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.
51				
52				
53				
54				
55				
56				
57				
58				
59				
60				
61				
62				
63				
64				
65				
66				
67				
68				
69				
70				
71				
72				
73				
74				
75				
76				
77				
78				
79				
80				
81				
82				
83				
84				
85				
86				
87				
88				
89				
90				
91				
92				
93				
94				
95				
96				
97				
98				
99				
100				
TOTAL IND.		↓		↓
TOTAL DEP.		←	←	←
TOTAL CLAIMS		████████	████████	████████